

**Washington State  
Department of Social and Health Services  
Aging and Adult Services Administration**

**Adult Day Health Program Standards**

**Revised September 1994**

The Adult Day Health Program Standards which follow must be met by any adult day health program receiving funds administered by the Aging and Adult Services Administration (AASA) or Area Agencies on Aging (AAA) or receiving Title XIX funds under contract with the Medical Services Administration (MSA). Washington State has no legislation requiring the licensing of adult day health programs, so program standards are enforced by referencing them in adult day health contracts. Adult day health programs that do not receive any federal or state funding are not required to meet these program standards, or any other program standards developed by the state.

Included with the Adult Day Health Program Standards are three Attachments.

Attachment I: Special Requirements for Clients Supported by Title XIX Funds. Since these Standards are generic in nature, they do not address specifically those requirements of the federal program known as Title XIX of the Social Security Act or Medicaid. The specific requirements are listed in this Attachment and referenced where necessary in the Standards themselves. It is important that all programs receiving Title XIX funds for their eligible participants be careful to reference this attachment, since they will be held accountable for these items for those participants.

Attachment II: Vulnerability Criteria and Other Funding Source Requirements. Title XIX financial eligibility requirements, Title III of the Older Americans Act (OAA) eligibility requirements and contribution policy.

Attachment III: Suggested Techniques for Evaluating an Adult Day Health Program. These techniques will assist in the evaluation of the effectiveness of an adult day health program and identify its weaknesses and strengths. The suggested evaluation techniques may be used by either the adult day health program or the area agency on aging.

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**Part I: Definition of Adult Day Health**

Adult Day Health is a community-based program designed to meet the needs of adults with functional impairments through an individual plan of care. It is a structured, comprehensive program that provides a variety of health, social, and related support services in a -protective setting during any part of a day (a minimum of four hours, but less than 24-hour care).

Individuals who participate in Adult Day Health attend on a planned basis during specified hours. Adult Day Health assists its participants to remain in the community, enabling families and other caregivers to continue caring at home for a family member with an impairment.

Programs and populations vary, and they change daily with changes in functional levels of participants. Adult Day Health Service programs must be prepared to respond to a wide range of participant needs. Programs whose participants currently may not need extensive medical and therapeutic services will most likely at some point in the future find that they require additional services.

The distinguishing characteristic of Adult Day Health Service programs is that they are organized, comprehensive programs of care using a team approach: staff, participant, and family members. Staff in adult Day Health Service programs are experts in chronic care services and state-of-the-art hands-on care of persons with dementia. They are the bridge between medical and social services working closely with families, participants, and other caregivers on an intensive and daily basis.

**Levels of Care**

Adult Day Health Service programs are accurately described along a continuum of care stretching from limited direct services to intensive and extensive medical and therapeutic services. The following Standards are intended to describe a foundation of quality care appropriate for Adult Day Health programs. They define *levels* of Adult Day Health care as provided along the continuum of care.

Levels of care as described in the Washington State Adult Day Health Program Standards include three levels of care: Core services (Level I), Level II, and Level III. The main differences between the levels are intensity and scope of services.

Core services are those services that all programs should include; Level II and Level II services may be provided together or independently of each other in addition to the Core Services. As programs serve an increasingly impaired population, the Standards will provide guidance for caring for participants at more than one level.

**Description of Service Levels**

Level I Service (core service)

Services at this level are the basic services to be provided in all programs. This level of care is appropriate for consumers who have mild chronic medical conditions that do not require the services of a skilled health professional on a routine basis. These consumers may have the following characteristics:

- mild to moderate dementia;
- socially isolated and confused;

- unable or unwilling to be left alone during the day

All programs shall provide a common set of Level I core services. These include:

- ◆ service plan (screening, individual assessments and plans of care);
- ◆ personal care
- ◆ basic health monitoring with consultation from a registered nurse;
- ◆ social services;
- ◆ therapeutic activities;
- ◆ meals, including those for modified diets;
- ◆ coordination and/or provision of transportation;
- ◆ emergency care for participants.

In addition to the core set of services required at Level I, some programs may provide additional specialty services in order to respond to the needs of chronically ill or disabled persons and their families.

#### Level II Service

Services at this level add basic maintenance level rehabilitative and nursing services and a professional level of psychological/counseling services. Rehabilitation services may be provided by contract or by staff. Nursing services are at a lower intensity/frequency than Level III. This level has a major focus on prevention with health monitoring and teaching as major activities. Participants require some nursing monitoring for maintenance of health and to benefit from maintenance level therapy services.

Level II services shall include:

- ◆ nursing services
- ◆ rehabilitative services
- ◆ psychosocial services

#### Level III Services

This level adds a higher intensity of services that may be provided for a shorter duration than those at Level II. The frequency/duration of skilled health or psychological services and the skill level of staff would be higher than in Level II. Level III adds a restorative level of therapy and nursing services. An RN is required to provide skilled procedures and supervision of staff. In addition, a more intensive array of psychological services and dementia-specific services for clients with moderate to severe cognitive impairments is available. Intensive dementia programs would fall into this level of care.

Level III services shall include:

- ◆ intensive nursing services
- ◆ intensive psychosocial services
- ◆ intensive rehabilitative services

#### Program Flexibility

Adult Day Health programs serve participants whose functional ability changes frequently. Programs must have the flexibility to respond to a wide range of participant needs. These Standards are intended to protect evolving programs, encourage innovation, and lead to consideration of acceptable modifications that permit the program to grow while continuing to provide appropriate care to participants. Programs should have the flexibility to offer alternative ways to meet the intent of a Standard as long as safe, quality care is provided. Alternatives may include concepts, methods, procedures, techniques, equipment, personnel qualifications, and facility requirements.

In those instances when a program is not able to meet the requirements of a State Standard, a request for waiver may be submitted to Aging and Adult Services Administration (AASA) by the appropriate Area Agency on Aging (AAA). AASA remains the sole authority to grant waivers.

Title XIX Day Health Participants

There are specific requirements within the essential core services that must be imposed for participants being funded under Title XIX (Medicaid) in order for the program to receive reimbursement for those participants. Please see Attachment 1 for a listing of these requirements.

**Part II: Target Population**

Each program shall define the target populations it is able to serve, considering the needs of the participants and availability, frequency, and intensity of services. Adult Day Care programs shall not serve participants whose needs exceed resources or those served more appropriately in a less structured setting. All participants shall meet the vulnerability criteria as established by the Washington State Aging and Adult Services Administration (see Attachment 2).

In determining an appropriate target population, Adult Day Health programs shall consider not only the scope of services they will be providing, but also the level of service intensity. Individuals eligible for Adult Day Health services shall include:

- Those who have physical, cognitive, and/or psychosocial impairments.
- Those capable of being transported.
- Those capable of benefiting from socialization, structured/supervised programs, or group-oriented programs.

The population served will vary according to the identified need of the community and the goals, resources, and capability of the organizations providing the service. The target population includes one or more of the following groups of individuals:

**A. Adults with physical, psychosocial, or mental impairments who require assistance and supervision, such as:**

1. Persons who have few or inadequate support systems.
2. Persons who require assistance with activities of daily living (ADLs) (see Attachment 2).
3. Persons with physical problems that require health monitoring and supervision and/or intervention on a regular basis.
4. Persons with emotional problems that interfere with ability to cope on a daily basis.
5. Persons with memory loss and cognitive impairment that interfere with daily functioning.
6. Persons with developmental disabilities.
7. Persons who require assistance in overcoming the isolation associated with functional limitations or disabilities.
8. Persons whose family and/or caregiver need respite care.

**B. Adults who need rehabilitative services (including restorative and maintenance) in order to restore or maintain the optimum level of functioning, such as:**

1. Persons recently discharged from hospitals or nursing homes.
2. Persons needing therapy, due to some chronic disability, to adjust to their limitations and learn adaptive skills.

3. Persons who, without program intervention, are at risk of premature institutionalization due to physical deterioration or their psychological condition.
  4. Persons who need support in making the transition from independent living to group care (i.e., adult family homes, congregate care facilities) or in making the transition from group care to independent living.
- C. **Adults who require services provided by or under the supervision of a licensed nurse (Registered Nurse, Licensed Practical Nurse, or Licensed Vocational Nurse) in accordance with federal and state requirements, such as:**
1. Assessment.
  2. Supervision or administration of medications and observation of their effects.
  3. Treatment.
  4. Health education and training in self care.
  5. Training in activities of daily living (ADLs).
  6. Assistance in ADLs.

All Adult Day Health programs shall have a written policy on participants who are appropriate and those who may not be appropriate for enrollment. Programs shall establish policies giving priority to persons residing in their own homes or independent living situations.

### **Part III: Administration and Organization**

#### **A. Governing Board**

Unless the program is independently owned or functions through a governmental unit, a formal governing body shall have full legal authority and fiduciary responsibility for the operation of the program, adopting bylaws and rules that address:

1. purposes of the program
2. governing body's composition and size, and members' and committee chairs' terms of office
3. frequency of meetings.

The organization shall develop a written plan, reviewed on a regular basis, that addresses the mission of the organization, the needs of the community, and the program of the organization in meeting those needs.

#### **A. The Advisory Committee**

Every Adult Day Health program shall have a body that serves as an advisory committee. When an Adult Day Health program is a subdivision or subunit of a multifunction organization, a committee or subcommittee of the governing body of the multifunction organization may serve as the advisory committee of the program.

For a single purpose agency, the governing body may fulfill the functions of the advisory committee.

The advisory committee shall meet at least twice a year, but preferably quarterly, and shall have an opportunity, at least annually, to review and make recommendations on program policies. It is recommended that the advisory committee be representative of the community and include family members of current or past participants and non-voting staff representatives.

#### **C. A Written Plan of Operation**

The administrator shall be responsible for the development of a current written plan of operation with approval of the governing body. The plan of operation shall be reviewed and, if necessary, revised annually.

The plan may include:

- short and long range program goals;
- definition of the target population, including number, age, and needs of participants;
- geographical definition of the service area;
- hours and days of operation;
- description of basic services and any optional services;
- policies and procedures for service delivery;
- policies and procedures for admission and discharge;
- policies and procedures for assessment and reassessment, and the development of a plan of care with participants and/or family/caregiver by an interdisciplinary team;
- staffing pattern;
- a plan for utilizing community resources;
- policies and procedures for recruitment, orientation, training, evaluation, and professional development of staff and volunteers;
- general record policies;
- statement of participant rights;
- mandated reporting procedures;
- marketing plan;
- strategic planning;
- accident, illness, and emergency procedures;
- grievance procedures;
- procedures for reporting suspected abuse;
- payment mechanisms, funding sources and rates;
- operational budget.

**D. A Written Emergency Plan**

A written plan for handling emergencies shall be developed and posted at each program site and on all program-owned vehicles. There shall also be staff training to ensure smooth implementation of the emergency plan. If a single participant is present, at least one staff member on site shall be trained in CPR and first aid.

**E. Lines of Supervision and Responsibility**

To ensure continuity of direction and supervision, there shall be a clear division of responsibility between the governing body and the Adult Day Health program administrator.

An administrator shall be appointed and given full authority and responsibility to plan, staff, direct, and implement the program. The administrator shall also have the responsibility for establishing collaborative

relations with other community organizations to ensure necessary support services to participants and their families/caregivers.

The administrator or the individual(s) designated by the administrator shall be on site to manage the program's day-to-day operations during hours of operation. If the administrator is responsible for more than one site, or has duties not related to Adult Day Health administration or provision of services, a program director shall be designated for each additional site and shall report to the administrator.

An organizational chart shall be developed to illustrate the lines of authority and communication channels and shall be provided to all staff.

#### **F. Administrative Policies and Procedures**

Every Adult Day Health program shall demonstrate fiscal responsibility by utilizing generally accepted principles of accounting in all its financial transactions. Fiscal policies, procedures, and records shall be developed to enable the administrator to meet the fiscal reporting needs of the governing body.

Every Adult Day Health program shall develop a plan to address the future financial needs of the program. The plan shall include projected program growth, capital purchases, projected revenue, projected expenses, and plans for fund raising.

#### **G. Quality Improvement**

Every Adult Day Health program shall develop a quality improvement plan, with specific measurable objectives, designed to meet requirements of licensing and funding sources, and professional standards.

Policies and procedures for monitoring program quality and determining further action shall be developed by the administrator with the advice of the interdisciplinary staff team and the advisory committee with the approval of the governing body.

#### **H. Personnel Policies and Practices**

There shall be a written job description for each staff position that specifies:

1. qualifications for the job;
2. delineation of tasks;
3. lines of supervision and authority.

Each employee shall receive, review, and sign a copy of the job description at the time of employment. Volunteers who function as staff also shall be provided written descriptions of responsibilities.

Provision shall be made for orientation of new employees and volunteers. All staff and volunteers shall receive regular in-service training and staff development that meet their individual training needs. This shall be documented.

Probationary evaluations and annual performance evaluations, in accordance with job descriptions, shall be conducted and shall conform to the policy of the funding or parent organization. Staff members shall review the written evaluation, which shall be signed by both the employee and supervisor. Copies shall be kept in locked personnel files.

Each employee shall have an individual file containing: employee's qualifications, verification of training completed, signed job description and all performance evaluations. In addition, personnel files shall contain a copy of a current license or certificate, if applicable to the staff position, and certification of CPR and first aid training, if applicable.

Whenever volunteers function in the capacity of staff, all applicable personnel policies pertain.

The program shall conform to federal and state labor laws, must be in compliance with equal opportunity guidelines, and must adhere to federal and state employment regulations.

#### **I. Participant Policies**

Policies shall define the target population, admission criteria, discharge criteria, medication policy, participant rights, fee schedule, confidentiality, grievance procedures, and staff/participant ratios. Policies shall conform to the following:

1. Nondiscrimination Policy

No individual shall be excluded from participation in or be denied the benefits of or be otherwise subjected to discrimination in the Adult Day Health program on the grounds of age, race, color, sex, religion, or national origin, creed, marital status, Vietnam-era or disabled veteran's status, or sensory, physical, or mental handicap. (There may be specific individual behaviors that cannot be managed by a program and thus will result in an individual being excluded.)

2. Bill of Rights

A participant Bill of Rights shall be developed, posted, distributed to, and explained to participants, families, staff, and volunteers in the language understood by the individual.

3. Illness/Injury Procedure

There shall be written procedures to be followed in case a participant becomes ill or is injured. The procedures shall be posted in at least one visible location at all program sites and shall be thoroughly explained to staff, volunteers, and participants. The procedures shall describe arrangements for hospital inpatient and emergency room service and include directions on how to secure ambulance transportation.

4. Medications Policy

Participants who need to take medications while at the program, and who are sufficiently mentally alert, shall be encouraged and expected to bring, keep, and take their own medications as prescribed. Some participants may need to be reminded to take their medications, and a few may need to have their medications administered by program staff. In order for program staff to administer any prescribed medication, there must be a written authorization from the participant's physician stating that the medication is to be administered at the program site and identifying the person responsible for administration, which will usually be the registered nurse. A licensed practical nurse can also administer medications.

The program shall develop written medication procedures which are explained to all staff and anyone else who has responsibility in this area. At a minimum, these procedures shall describe the following:

- a) How medications will be stored.
- b) Under what conditions program staff will administer medications and the name(s) of staff who are legally able to administer medications.
- c) How medications brought to the program by a participant must be labeled.
- d) How general medications such as aspirin or laxatives are to be used.
- e) How the use of medications will be entered in participants' case records.

**J. General Record Policies**

The Adult Day Health program shall maintain a secure participant record system to ensure confidentiality. The record system shall include, but is not limited to:

1. a permanent registry of all participants with dates of admission and discharge;
2. a written policy on confidentiality and the protection of records that defines procedures governing their use and removal and conditions for release of information contained in the records;



3. a written policy on conditions that require authorization in writing by the participant or the legally responsible party for release of appropriate information not otherwise authorized by law;
4. a written policy providing for the retention and storage of records for at least five (5) years (or in accordance with state or local requirement) from the date of the last service to the participant;
5. a written policy on the retention and storage of such records in the event the program discontinues operation, depending on the requirements of funding sources;
6. a policy and procedure manual governing the record system and procedures for all agency staff;
7. maintenance of records on the agency's premises in secure storage area;
8. notes and reports in the participant's record that are typewritten or legibly written in ink, dated, and signed by the recording person with his/her title.

#### **K. Participant Records**

The program shall maintain a record for each participant. This shall include, but is not limited to, the following:

1. application and enrollment forms;
2. medical history and functional assessment (initial and ongoing);
3. plan of care (initial and reviews) and revisions;
4. fee determination form;
5. service contract;
6. signed authorizations for releases of medical information and photos, as appropriate;
7. signed authorizations for participant to receive emergency medical care if necessary;
8. correspondence;
9. attendance and service records;
10. transportation plans;
11. where appropriate, medical information form; documentation of physicians' orders; physical examinations; treatment, therapy, and medication notes;
12. progress notes, chronological and timely;
13. where appropriate, discharge plan and summary
14. current photograph of client;
15. emergency contacts;
16. signed statement that participant or legal representative has read the policies of the program with respect to the Patient Self Determination Act of 1990;
17. use of chemical and/or physical restraints shall be restricted to those required in physician's orders and shall meet provisions for their use as determined by accepted standards of practice.

#### **L. Administrative Records**

Administrative records shall include the following:

1. personnel records (including personnel training);
2. fiscal records;
3. statistical record;
4. government-related records (funding sources/regulatory);

5. contracts;
6. organizational records;
7. results of Quality Improvement Plan which could include annual evaluation, utilization review or care plan audit;
8. board and advisory group meeting minutes;
9. certificates of fire and health inspections;
10. incident reports;
11. emergency plan;
12. criteria for participant termination

#### **M. Community Relations**

Adult Day Health programs shall provide information on Adult Day Health to target populations and the general public. Participants and their families shall be made aware of community agencies for financial, social, recreational, educational, and medical services. In addition, the program staff shall establish linkages with other community agencies and institutions to coordinate services and form service networks.

### **Part IV: Level I Core Services**

Programs and populations vary, and they change daily with changes in functional levels of participants. Adult Day Health programs must be prepared to respond to a wide range of participant needs. Programs whose participants may not need extensive medical and therapeutic services will most likely find that at some point in the future they require the additional services.

The following Level I core services shall be offered in all Adult Day Health programs. The intensity of the services shall be modified to meet the functional needs of the participants. It is anticipated that the services will be provided on a continuum to meet the range of client needs and with appropriate staff to supply these services. Each core service shall be addressed during the care planning process. The program shall provide and maintain the space, materials, and equipment necessary to provide these services and to protect the privacy of the participants receiving the services.

#### **A. Service Plan**

For each individual there shall be an assessment of participant needs conducted and an individual written plan of care developed, based upon services needed and available. During this process, the following steps shall be completed:

##### **1. Intake Screening**

The intake screening shall be completed in order to gain an initial sense of the appropriateness of the Adult Day Health program for the applicant. During intake, applicants for whom the program is not appropriate will be referred to other community agencies.

The screening shall be conducted either in the applicant's home or at the program site. As part of the assessment process, the applicant and family members or other caregivers shall have at least one personal interview with a staff member.

##### **2. Interdisciplinary Team Assessment**

An assessment instrument approved by the State Aging and Adult Services Administration shall be administered to participants. This written assessment shall be compiled by professionals from each core service in order to collect sufficient information to develop the participant's plan of care (see also Attachment 1). This assessment shall include data gathered at the time of intake as well as information obtained from other agencies as part of their client assessment.

The assessment shall be completed within ten (10) days of initial attendance and shall identify the participant's strengths and needs. A determination shall be made as to how the program shall serve the individual.

A current medical report (based upon an examination completed within one year prior to admission, see also Attachment 1), including diagnosis, medication, other treatment recommendations, and notification of the presence of communicable disease, shall be obtained from the health care provider or family member. A medical report can be waived if the participant objects to seeing a physician based on philosophical, cultural, or religious grounds. Each participant shall have a physician available to contact in the event of an emergency and for ongoing care unless an exception is necessary. In these cases, the participant must sign a statement that he or she understands some of the activities provided in the program can be contraindicated for people with certain medical problems, chooses not to have a physician, or to not allow the program staff to contact the physician, and is participating in the program at his or her own risk. The statement should include the reasons the participant has for refusing to have a physician or allowing the physician to share medical information with program staff.

### **3. Written Individual Plan of Care**

The goal of the plan of care is to increase and/or maintain the functioning of the participant to the optimum level. The written plan of care shall reflect the individual's strength, needs, and problems and shall be developed by all staff involved in the participant's care. It shall include measurable and achievable objectives. Also to be identified are the services to be provided and the responsible staff.

Each participant's plan of care shall include:

- a) identified service needs;
- b) time-limited goal(s) and objectives of care for the participant;
- c) services to be provided by the program and by other sources to achieve the goal(s) and objectives.

The participant, family/caregiver, and other service providers shall have the opportunity to contribute to the development, implementation, and evaluation of the care plan. The plan of care should be completed by the time the participant has received 15 days of service and forwarded to the physician within one week of completion.

### **4. Coordination of Care**

The need for coordination of care shall be considered for each participant. If coordination of care is needed, and if the person is a client of another agency, then the care plan shall be developed in conjunction with the services provided by that agency.

### **5. Service Documentation**

Program notes on each participant shall be written on a regular basis, at least monthly for participants receiving Level I core services and weekly for participants receiving Level II and III specialty services. Treatment notes and notes on significant events shall be recorded in ink, dated, and signed according to professional standards.

### **6. Reassessment**

Reassessment applies to the plan of care and ongoing comprehensive functional assessments as well as the evaluation of goals and approaches that shape the plan of care. Reassessing the individual's needs and reevaluating the appropriateness of service plans and the appropriateness of client's continued participation shall be done when needed, but at least semi-annually for participants receiving Level I core services and quarterly for participants receiving Level II and III specialty services.

### **7. Discharge Plan**

When appropriate for the participant, discharge procedures shall include:

- a) a discharge summary, including recommendations for continuing care;

- b) referrals to community service agencies for appropriate services;
- c) follow-up when appropriate

Each participant and family/caregiver shall receive a minimum of two weeks notice if the participant is to be discharged from the program. An exception to the policy shall be immediate discharge of a participant due to a sudden change in condition that makes participation a danger to self or others. The Adult Day Health program shall have established written criteria for termination from the program available to participants and family/caregivers on admission.

## **B. Personal Care**

Personal care shall be offered at all Adult Day Health program sites. This shall include assistance and supervision needed with activities of daily living, e.g. walking, eating, grooming, toileting, and, when appropriate, bathing.

## **C. Health Monitoring**

Health monitoring shall be offered at all Adult Day Health program sites. At a minimum, health care consultation shall be provided by a registered nurse. The nurse may serve as a consultant or may be a part-time or full-time staff member. Some health monitoring services, such as personal care, may be delegated to assistants who are trained and supervised by the nurse.

All Day Health programs shall provide the following health monitoring services:

1. collect baseline information on participants' health status, including vital signs, weight, and dietary needs;
2. develop policies and procedures for personal care and train staff in their implementation;
3. provide liaison with the participant's personal physician and caregiver notifying them of any changes in participant health status;
4. assist as necessary in the coordination of health services provided outside the program site;
5. train staff and supervise the use of standard protocols for communicable diseases and infection control;
6. annually update participant's medical record;
7. follow through on pre-established bowel and bladder program;
8. provide reminders for participants to take medications;
9. provide modified diets.

## **D. Social Services**

Social Services shall be offered by all Adult Day Health programs. Social services are provided to participants and their families to help them with personal, family, and adjustment problems that interfere with the effectiveness of the treatment plan. According to participant needs as identified in the social assessment and interdisciplinary plan of care, social services may include a configuration of the following services, depending on the level of intensity needed. Social services may be provided by program staff or by an outside consultant.

All Adult Day Health programs shall provide the following social services:

1. upon enrollment, gather basic information regarding formal and informal support systems, mental and emotional status, community and financial resources, and caregiver data;
2. make referrals for services not provided at the Adult Day Health program site and work with other providers to coordinate all services;
3. participate in advocacy by asserting and safeguarding the human and civil rights of the participant;
4. provide discharge planning and assist in the transition and follow-up;

5. provide information and referral for persons not appropriate for Adult Day Care.

#### **E. Therapeutic Activities**

Therapeutic activities shall be provided by all Adult Day Health programs. The activity plan shall be an integral part of the total plan of care for the participant. The planning of activities shall reflect professional understanding of the needs and abilities of the participants. Activities shall emphasize the individual participant's strengths and abilities rather than impairments and shall contribute to participant feelings of competence and accomplishment.

The Adult Day Health program shall provide for a balance of purposeful activities to meet the participant's interrelated needs and interests (social, intellectual, cultural, emotional, physical, and spiritual). Provision shall be made for each individual to participate at his/her optimal level of functioning and to progress according to his/her own pace.

Activities shall be designed in a holistic manner to promote personal growth and enhance the self-image and/or to improve or maintain the functioning level of participants. Activity programming shall take into consideration individual differences in health status, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests, abilities, and skills by providing opportunities for a variety of types and levels of involvement.

Participants shall be encouraged to take part in activities, but may choose not to do so or may choose another activity. Reasons for non-participation shall be evaluated to determine if it reflects personal preference or if a change in activity is indicated.

Time shall be allowed for rest and relaxation and to attend to personal care needs.

Planned activities shall be available whenever the program site is in operation. A calendar of activities shall be prepared and posted in a visible place. Group daily activities shall be posted in a prominent, convenient, visible place. The activities schedule shall be coordinated with other services offered at the program site and with other staff. Activity schedules must be kept on file for six months.

#### **F. Nutrition and Modified Diets**

A minimum of one meal of an older adult's daily nutritional requirement, as established by state and federal regulation, shall be provided. Modified diets shall be provided to meet participants' needs. Snacks and fluids shall be offered as appropriate to meet the participants' nutritional needs and needs for liquids.

An Adult Day Health program shall not admit or continue to serve a participant whose dietary requirements cannot be accommodated at the program site.

An Adult Day Health program which accepts participants with special dietary needs shall supply special diabetic, low-salt diets and/or texture modified meals when ordered by the participant's physician and included in the plan of care. Food substitution may be used. Any food substitution shall be of comparable nutritional value.

#### **G. Transportation**

The Adult Day Health program shall assist in arranging or contracting for transportation to enable persons, including persons with disabilities, to attend the program site and to participate in program-sponsored outings. The program is encouraged to use community transportation systems, where available, and/or families for the provision of transportation. All program-provided and contracted transportation systems shall meet local, state, and federal regulations. (For Title XIX participants, see Attachment 1.)

#### **H. Emergency Care for Participants**

A written procedure for handling emergencies shall be posted at the program site. Emergency care for participants shall include:

1. a written agreement with the participant or family regarding arrangements for emergency care and ambulance transportation;
2. written procedure for medical crises;

3. an easily located portable file on each participant, listing information (physician's name and telephone number, caregiver and emergency contact names and phone numbers, current diagnosis, medications, allergies, and hospital preference);
4. a written procedure for advanced directives meeting state and federal guidelines.

## **Part V. Level II Services**

As more individuals with functional impairments are cared for in the community, Adult Day Health programs are finding it necessary to respond to increased demands for professional services. To meet the needs of chronically ill or disabled persons and their families, some programs may find it necessary to expand services. When these additional services are provided, professional standards of provision and supervision must be maintained. An assessment tool, approved by the State Aging and Adult Services Administration, will be used for all participants receiving expanded services in order to ascertain the appropriate level of care and determine the required level of services.

All programs offering Level II services shall provide the core services as outlined above. Level II services include the following:

### **A. Nursing Services**

Level II nursing services shall be provided by a registered nurse. Services that may be provided under this level include:

1. administer and document medications and observe for possible adverse reaction;
2. supervise the administration of oxygen;
3. supervise the provision of modified and therapeutic diets;
4. provide observation, monitoring, and intervention for unstable medical conditions;
5. conduct nursing assessment (assess participant's health status and dietary needs, and monitor vital signs and weight);
6. provide training in self-administration of medications;
7. provide restorative or rehabilitative nursing;
8. provide supportive nursing such as: general maintenance care of colostomy and ileostomy, application of dressings involving prescription medication and aseptic techniques, foot and nail care, and supervision of routine skin inspection of incontinent participants.
9. provide for regular inspection of drug storage conditions;
10. provide any other direct nursing service requiring intermittent skilled nursing treatment;
11. supervise or provide maintenance therapy procedures;
12. provide health education and counseling.

### **B. Psychosocial Services**

Level II psychosocial services shall be provided by a person with a Masters degree in Social Work or Counseling or a Bachelors degree in Social Work, under the supervision of a person with an MSW or Masters degree in Counseling. Level II psychosocial services include:

1. assess for signs of mental illness (depression, suicidal ideation, psychosis, or other forms of decompensation) and refer to psychiatry, mental health professionals, or crisis clinic as appropriate;
2. assess for signs of dementia and make appropriate referrals;
3. assess for signs of abuse and/or neglect and make appropriate referrals;

4. assess for signs of alcohol/substance abuse and refer to Alcoholics Anonymous, inpatient treatment, or outside counseling, as appropriate;
5. follow-up with recommended treatment plans;
6. provide brief, intermittent supportive counseling.

### **C. Rehabilitative Services**

Rehabilitative services are designed to increase physical status and independence in activities of daily living and to prevent further deterioration. Because the Adult Day Health -population commonly suffer from multiple medical, social, and emotional disabilities, the rehabilitative staff person is most commonly an occupational therapist. A physical therapist could also function in this capacity.

**Occupational Therapy** Level I occupational therapy services shall be provided by an occupational therapist or by a certified occupational therapy assistant under the supervision of an occupational therapist.

Occupational therapy may be provided directly or through contractual arrangements. The scope and the intensity of the services will vary depending upon the needs of the participants, the availability of appropriate personnel, and the percentage of time the occupational therapist is able to contribute to the program.

Level II occupational therapy services may include, but not be limited to, the following:

1. administer basic evaluation to determine baseline level of functioning, ability to transfer, range of motion, balance, strength and coordination, endurance, activities of daily living, and cognitive-perceptual functioning.
2. teach participants adaptive techniques to overcome barriers and impediments in activities of daily living.
3. teach and train other staff in the use of therapeutic, creative, and self-care activities to improve or maintain the participant's capacity for self-care and independence; and increase the range of motion, strength, and coordination.
4. training the participant in the use of supportive and adaptive equipment and assistive devices;
5. establish a maintenance program when needed to prevent deterioration and provide written and verbal instructions to program staff and the family/caregiver to assist the participant with implementation;
6. make necessary referrals to occupational and/or physical therapist when appropriate, e.g., when client has potential to improve functioning.

## **Part VI. Level III Services**

Some programs may choose to provide more intensive medical and/or therapeutic services than those described in the Level II section. Programs offering Level III services shall also offer core and Level II services.

### **A. Intensive Nursing Services**

Level III nursing services shall be provided by a registered nurse. Nursing services that may be provided under Level III include:

1. observe and manage unstable medical conditions;
2. provide intravenous, intramuscular, or subcutaneous injections.
3. provide insertion, sterile irrigation, and replacement of catheters;
4. provide nasogastric tube, gastrostomy, and jejunostomy feedings;
5. provide naso-pharyngeal and tracheotomy aspirations;

6. provide other skilled nursing services that may be safely done at the Adult Day Health program site;
7. provide nursing care management to support the provision of psychiatric treatment.

#### **B. Intensive Psychosocial Services**

Level III psychosocial services shall be provided by a person with a Masters degree in Social Work or Counseling. Level III psychosocial services include:

1. provide individual psychotherapy for individuals suffering from mental health problems such as depression, anxiety, grief and loss issues;
2. provide group psychotherapy for individuals with the above-mentioned mental health concerns;
3. provide alcohol/substance abuse counseling in conjunction with Alcoholics Anonymous, mental health professionals, and/or inpatient treatment, as necessary.

#### **C. Intensive Occupational Therapy**

Level III occupational therapy services shall be provided by an occupational therapist. Depending on the occupational therapy assessment and interdisciplinary plan of care, Level III occupational therapy services may include services listed under Level II plus the following:

1. evaluate the home for environmental barriers and recommend changes as needed for greater participant independence;
2. provide restorative therapy when indicated:
  - ◆ training or retraining in ADLs;
  - ◆ training in work simplification techniques;
  - ◆ exercises and graded activities to improve strength and range of motion;
  - ◆ sensory stimulation techniques to minimize sensory deficits;
  - ◆ coordination activities to promote increased manual dexterity;
3. evaluate for and provide needed slings or splints to increase or maintain functional use of upper extremities;
4. provide assistance in obtaining wheelchairs;
5. train other staff to lift, move, assist the participant.

### **Part VII. Additional Rehabilitative Services**

Physical therapy and speech therapy, though not required, may be provided directly or through contractual arrangements. The scope and intensity of these services will vary depending upon the needs of the participants and the program offered at each site.

If these services are provided on an individual basis, the cost of the service is not always part of the per diem cost of providing Adult Day Health. The individual or third party payer may be billed separately.

#### **A. Physical Therapy Services**

Physical therapy services can be considered Level II or Level III services. Physical therapy services shall be provided by a physical therapist or a rehabilitation aide or physical therapy assistant under the supervision of a physical therapist.

Based on the physical therapy assessment, interdisciplinary plan of care, and physician's orders, Level III physical therapy services may include, but not be limited to, the following:

1. assess participant's mobility level, strength, range of motion, endurance, balance, gait, ability to transfer; coordination, posture, and pain level;



2. provide treatment to relieve pain and/or develop, restore, or maintain functioning;
3. assist participant to achieve and maintain maximum performance using physical means such as active or passive exercise, massage, heat, moist heat, ultrasound, hydrotherapy, and ice;
4. establish a maintenance program and provide written and verbal instructions to program staff and the family/caregiver to assist the participant with implementation;
5. recommend adaptive or assistive devices;
6. train other staff to lift, move, and otherwise assist the participant;
7. evaluate the home for environmental barriers and recommend changes needed for greater participant independence;
8. provide skilled rehabilitation services when indicated;
9. provide assistance in obtaining assistive ambulatory devices such as canes, walkers, crutches, wheelchairs, leg braces, and prosthetic devices;
10. provide physical therapy procedures that include ambulation, gait training, active and passive exercise, orthotics training, prosthesis training, massage, and neuromuscular re—education.

## **B. Speech Therapy**

Speech therapy shall be provided by a speech therapist. Depending on the speech therapy assessment, interdisciplinary plan of care, and physician's orders, speech therapy services may include, but not be limited to, the following:

1. establish a treatment program to improve communication ability and to correct disorders;
2. provide written and verbal instruction to program staff and family members in methods to assist the participant to improve and correct speech disorders.
3. provide speech therapy procedures that include:
  - ◆ auditory comprehension tasks;
  - ◆ visual and/or reading comprehension tasks;
  - ◆ language intelligibility tasks;
  - ◆ training involving the use of alternative communication devices;
4. swallowing assessment and treatment.

## **Part VIII. Optional Services**

The following services are not required. They may be provided directly or through contractual arrangements by an Adult Day Health program if appropriate for the program and needed by the participants. All optional services provided by the program shall meet the following general standards:

1. The provider shall meet state requirements for licensure or certification;
2. space for privacy shall be provided by the program;
3. special equipment shall be available when necessary; for example, dental chair and instruments;
4. if these services are provided at another location by contract with the Adult Day Health program, the program shall be responsible for arranging or providing transportation and escort services, if needed;
5. the provider shall document all services rendered in the participant's medical charts. Signed and dated laboratory, radiological, and diagnostic services shall be entered in the participant's record whenever possible.

#### **A. Medical Services**

Medical services by either a staff physician or the participant's personal physician may be provided, or arranged for, by an Adult Day Health program that provides nursing and/or physical, speech, or occupational therapy. Physician services may be direct or indirect.

#### **B. Dentistry**

The dentist may provide dental services, including, but not limited to, examination, oral prophylaxis, and emergency dental care to relieve pain and infection. In addition, the dentist shall develop and implement written dental services and oral hygiene policies and procedures.

#### **C. Laboratory, Radiological, and Diagnostic Services**

The Adult Day Health program may establish written policies to ensure that laboratory, radiological, and diagnostic services are provided as ordered by a physician. Findings of such services shall be reported in writing to the physician ordering the services. The program shall also keep a record of findings.

#### **D. Pharmacy**

A pharmacist may assist in the development and review of written policies and procedures regarding medication storage, distribution, recording, and disposal at the program site; monitor at least quarterly the implementation of policies and procedures related to medication at the program site; furnish the administrator periodically a written report on the status of medication-related services; and communicate directly with participant, pharmacist, attending physician, and program staff on matters relating to an individual's drug therapy.

#### **E. Psychiatric or Psychological Services**

The psychiatrist, psychologist, clinical social worker, or psychiatric nurse clinician may:

1. provide assessments and reassessments when indicated by the interdisciplinary plan of care;
2. act as liaison with other members of the interdisciplinary team and with family members and referral sources that may yield information for psychiatric or psychological treatment;
3. provide group counseling and techniques as indicated by a participant's need;
4. provide group consultation to staff regarding behavioral management, motivation strategies, and management of stressful situations such as death of a participant;
5. supervise treatment plan implementation.

#### **F. Podiatry**

A podiatrist may provide examination, diagnosis, and treatment when indicated by the interdisciplinary plan of care and consult with the Adult Day Health program staff about foot care.

#### **G. Ophthalmology/Optometry**

An ophthalmologist or optometrist may provide: vision testing and eye examinations; prescription of appropriate treatment and/or vision aids; and consultation with program staff regarding techniques for working with participants with visual impairments.

#### **H. Audiology**

An audiologist may provide an audiological evaluation; prescribe appropriate treatment such as a hearing aid; and consult with program staff regarding techniques for working with hearing-impaired participants.

#### **I. Other**

Any other services offered in the program shall meet applicable state, local, and professional requirements. Such services may include, for example, those of a cosmetologist or barber.

### **Part IX: Staffing**

Staffing levels in all Adult Day Health programs will vary based upon the number of participants and the care provided. The staffing level shall be sufficient to:

1. serve the number and functioning levels of Adult Day Health program participants;
2. meet program objectives;
3. provide access to other community resources.

The staff participant ratio shall be a minimum of one to six (1:6). Persons counted in the staff-participant ratio are those who provide direct service with participants. When there is more than one participant present, there shall be at least two staff members on the premises, one of whom is directly supervising the participants.

As the number of participants with functional impairments increases, the staff-participant ratio shall be adjusted accordingly. Programs serving a high percentage of participants who are severely impaired shall have a staff-participant ratio of one to four (1:4). All programs shall have a written policy regarding staff-participant ratios.

To ensure adequate care and safety of participants, there shall be provision for qualified substitute staff.

Volunteers shall be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualification standards of the organization, and have designated responsibilities.

#### **A. Basic Requirements for All Staff**

Each staff member shall be competent, ethical, and qualified for the position held. References shall be checked including a criminal background check and job histories verified for all staff and volunteers serving as staff.

Each employee shall have had a tuberculosis screening within twelve (12) months prior to employment, and a copy of the report shall be filed in personnel records within 30 days of employment. All volunteers shall have tuberculosis screening. Annual T.B. testing is recommended.

Staff and volunteers shall sign a confidentiality agreement and hold all information about participants and families in confidence, treating all participants with respect and dignity.

All direct service staff shall participate in each individual's plan of care and ongoing assessment, carrying out the objectives for the participant and performing other services as required.

Staff members shall follow an established system of daily communication to ensure ongoing transmittal of pertinent information among staff.

Staff responsibilities and functions shall cross professional disciplines, and the staff shall function as a team for the good and well-being of the participants.

#### **B. Staff Training and Evaluation**

All personnel, paid and volunteer, shall be provided the following training and evaluation:

1. general orientation, which shall include, but not be limited to:
  - a) purpose and goals of Adult Day Health programs;
  - b) roles and responsibilities of other staff members;
  - c) behavior management techniques;
  - d) health, Universal Precautions;
  - e) information on fire and safety measures/codes;
  - f) philosophy of the program and parent organization;

- g) confidentiality;
  - h) interdisciplinary team approach;
  - i) participant rights;
  - j) needs of population served;
  - k) the center's policies and regulations;
  - l) communication skills;
  - m) review of basic terminology.
2. a written probationary evaluation which shall take place no later than the end of the first six months of employment, signed by the employee;
  3. a written performance evaluation which shall occur at least annually, utilizing a standardized format and involving a face-to-face meeting.
  4. opportunity for participation in in-service training sessions (at least four [4] per year) to enhance quality of care and job performance. At the time of employment, and annually thereafter, each employee shall receive training in:
    - a) needs of the participants in the program's target population;
    - b) infection control;
    - c) fire, safety, and disaster plan;
    - d) Heimlich maneuver;
    - e) body mechanics/transfer techniques;
    - f) mandatory reporting laws of abuse/neglect;
    - g) CPR;
    - h) behavior management;
  5. opportunities for additional education, depending on the resources of the agency.

### **C. Staff Positions**

Staff selection is dependent on participant needs, program design, and regulatory requirements. The program must have the proper balance of professionals and paraprofessionals or non-professionals to meet adequately the needs of participants. Services must be delivered by those with adequate professional training. One staff person can have multiple functions; for example, an administrator who is also responsible for providing nursing services or social services.

All Level I core programs shall have an administrator/program director and an activity coordinator on staff. Health care and social service personnel may be on staff or consulting. Personnel delivering Level II and Level III services may be on staff or on contract. Programs with an average daily attendance of 20 or more participants a day may find it more cost effective to retain a registered nurse, social worker, and occupational therapist or rehabilitation aide on staff.

**The qualifications specified in the brief descriptions below are those preferred except where licensing or certification is required. Please note that the discussion of program flexibility applies to the positions and qualifications.**

#### **1. Administrator**

The Administrator is responsible for the development, coordination, supervision, and fiscal control and evaluation of services provided through the Adult Day Health program.

The Administrator shall have a Master's degree and one year supervisory experience in health or social services (full-time or equivalent) or Bachelor's degree and two years supervisory experience in a social or health service setting.

**2. Program Director**

The Program Director shall have a Bachelor's degree in health, social services, or a related field, with one year supervisory experience (full-time or equivalent) in a social or health service setting, or a high school diploma and four years of experience in a health or social services field of which two years must be supervision.

For Level II and III services, minimum requirements for the Program Director shall be a Bachelor's degree in health, social service, or a related field, with one year supervisory experience (full-time or equivalent) in a social or health services setting.

**3. Social Worker**

The Social Worker shall have a Master's degree in social work or counseling and at least one year of professional work experience (full-time or the equivalent), or a Bachelor's degree in social work or counseling and two years of experience in a human service field.

Depending on the setting and licensing requirements, social work functions may be performed by other human service professionals, such as rehabilitation counselors, gerontologists, or mental health workers (although they may not call themselves social workers without appropriate credentials).

**4. Registered Nurse (RN)**

The Nurse shall be a Registered Nurse (RN) with valid state credentials and a minimum of one year applicable experience (full-time equivalent).

**5. Licensed Practical Nurse (LPN)**

The Licensed Practical Nurse (LPN) shall have valid state credentials and a minimum of one year applicable experience (full-time equivalent).

**6. Activities Coordinator**

The Activities Coordinator shall have a Bachelor's degree in recreational therapy or a related field and one year of experience (full-time equivalent) in social or health services or an Associate degree in recreational therapy or a related field plus two years of appropriate experience.

**7. Certified Occupational Therapy Assistance (COTA) or Physical Therapy Assistant**

The COTA or physical therapy assistant shall be certified with valid state credentials and a minimum of one year applicable experience (full-time equivalent).

**8. Nursing Assistant/Certified (NAC)**

The nursing assistant shall be certified with valid state credentials and a minimum of one year applicable experience (full-time equivalent).

**9. Program Assistant/Aide/Personal Care Aide**

The Program Assistant or Aide shall have one or more years of experience in working with adults in a health care or social service setting.

**10. Therapists**

Physical therapists, occupational therapists, speech therapists, recreation therapists, mental health therapists, or any other therapists utilized shall have valid state credentials and one year of experience in a social or health setting.

**11. Consultants**

Consultants shall be available to provide services as needed in order to supplement professional staff and enhance the program's quality.

**12. Secretary/Bookkeeper**

The Secretary/Bookkeeper shall have at least a high school diploma or equivalent and skills and training to carry out the duties of the position.

**13. Driver**

The Driver shall have a valid and appropriate state driver's license, a safe driving record, and training in first aid and CPR (cardiopulmonary resuscitation). The driver shall meet any state requirements for licensure or certification.

**14. Volunteers**

The Volunteers shall be individuals or groups who desire to work with Adult Day Health participants and shall take part in program orientation and training. The duties of volunteers shall be mutually determined by volunteers and staff. Duties, to be performed under the supervision of a staff member, shall either supplement staff in established activities or provide additional services for which the volunteer has special talents.

**Part X: Facility**

**A. Location**

Selection of a location for a program facility shall be based on information about potential participants in its service area and be made in consultation with other agencies, organizations, and institutions serving older individuals and those with functional impairments, as well as considering the availability of a suitable location.

**B. Space**

The facility shall comply with applicable state and local building regulations and zoning, fire, and health code or ordinances. When possible, the facility shall be located on the street level. If the facility is not located at street level, it is essential to have a ramp and/or elevators. An evacuation plan for relocation of participants shall also be in place in the event of an emergency.

Each Adult Day Health program, when it is co-located in a facility housing other services, shall have its own separate identifiable space for main activity areas during operational hours. Certain space can be shared, such as the kitchen and therapy rooms.

The facility shall have sufficient space to accommodate the full range of program activities and services. The facility shall provide at least sixty (60) square feet of program space for multi-purpose use for each day health participant. *Note:* In determining adequate square footage, only those activity areas commonly used by participants are to be included. Dining and kitchen areas are to be included only if these areas are used by participants for activities other than meals. Reception areas, storage area, offices, restrooms, passageways, treatment rooms, service areas, or specialized spaces used only for therapies are not to be included when calculating square footage.

The facility shall be adaptable to accommodate variations of activities (group and/or individual) and services. The program shall provide and maintain essential space necessary to provide services and to protect the privacy of the participants receiving services. There shall be sufficient private space to permit staff to work effectively and without interruption. There shall be sufficient space available for private discussions. In addition, it is highly recommended that staff have a separate restroom and separate eating place.

There shall be adequate storage space for program and operating supplies.

The facility's restrooms shall be located as near the activity area as possible, preferably no more than forty (40) feet away. The facility shall include at least one toilet for each ten (10) participants. Programs that

have a large number of participants that require more scheduled toileting or assistance with toileting shall have a least one toilet for each eight participants. The toilet shall be equipped for use by mobility-limited persons, easily accessible from all program areas, and one or two of the toilet areas should be designed to allow assistance from one or two staff. It is highly recommended that there be a shower accessible to those with a disability.

Each bathroom shall contain an adequate supply of soap, toilet tissues, and paper towels. Common towels are prohibited.

In addition to space for program activities, the facility shall have a rest area and designated areas to permit privacy and to isolate participants who become ill or disruptive, or may require rest. It shall be located away from activities areas and near a restroom and the nurse's office. There shall be at least one bed, couch, or recliner for each ten (10) participants which can be used for resting or the isolation of a participant who is ill or suspected of coming down with a communicable disease. If beds are used, the mattresses shall be protected and linen changed after each use by different participants.

A loading zone with sufficient space for getting on and off a vehicle shall be available for the safe arrival and departure of participants. It is recommended that there be sufficient parking available to accommodate family caregivers, visitors, and staff. When appropriate, adequate lighting should be provided.

### **C. Atmosphere and Design**

The design shall facilitate the participants' movement throughout the facility and encourage involvement in activities and services. The environment shall reinforce orientation and awareness of the surroundings by providing cues and information about specific rooms, locations, and functions that help the participant to get his/her orientation to time and space. It is recommended that some of these cues be the extensive use of signs and the color-coding of specific areas of the facility.

A facility shall be architecturally designed in conformance with the requirements of Sections 504 of the Rehabilitation Act of 1973 to accommodate individuals with a disability and meet any state and local barrier-free requirements and/or the Americans with Disabilities Act.

Illumination levels in all areas shall be adequate, and careful attention shall be given to avoiding glare. Attention shall be paid to lighting in transitional areas such as outside to inside and different areas of the facility.

Sound transmission shall be controlled. Excessive noise, such as fan noise, shall be avoided.

Comfortable conditions shall be maintained within a comfortable temperature range. Excessive drafts shall be avoided uniformly throughout the facility.

Sufficient furniture shall be available for the entire participant population present. Furnishings shall accommodate the needs of participants and be attractive, comfortable, sturdy, and safe. Straight-backed chairs with arms shall be used during activities and meals.

An Adult Day Health facility shall be visible and recognizable as a part of the community. The entrance to the facility shall be clearly identified. It shall also be appealing and protective to participants and others.

When necessary, arrangements shall be made with local authorities to provide safety zones for those arriving by motor vehicle and adequate traffic signals for people entering and exiting the facility.

A telephone shall be available for participant use.

### **D. Safety and Sanitation**

The facility and grounds shall be safe, clean, and accessible to all participants. It shall be designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations.

There shall be an area for labeled medication, secured and stored apart from participant activity areas. If medications need to be refrigerated, they should be in a locked box, if not in their own refrigerator.

Safe and sanitary handling, storing, preparation, and serving of food shall be assured. If meals are prepared on the premises, kitchen appliances, food preparation area, and equipment must meet state and local requirements.

Toxic substances, whether for activities or cleaning, shall be stored in an area not accessible to participants. They must be clearly marked, the contents identified, and stored in original containers.

At least two well-identified exits shall be available. Non-slip surfaces or bacteria-resistant carpets shall be provided on stairs, ramps, and interior floors.

Alarm/warning systems are necessary to insure the safety of the participants in the facility in order to alert staff to potentially dangerous situations. It is recommended that call bells shall be installed or placed in the rest area, restroom stalls, and showers.

An evacuation plan shall be strategically posted in each facility.

The facility shall be free of hazards, such as high steps, steep grades, and exposed electrical cords. Steps and curbs shall be painted and the edges of stairs marked appropriately to highlight them. All stairs, curb cuts, ramps, and bathrooms accessible to those with disabilities shall be equipped with properly anchored handrails.

Procedures for fire safety as approved by the local fire authority shall be adopted and posted, including provisions for fire drills, inspection and maintenance of fire extinguishers, periodic inspection, and training by fire department personnel. The program shall conduct and document quarterly fire drills and keep reports of drills on file. Improvements shall be made based on the fire drill evaluation. Smoke detectors shall also be used.

Emergency first-aid kits shall be visible and accessible to staff. Contents of the kits shall be replenished after use and reviewed as needed. A Nurse or personnel trained in first aid and CPR shall be on hand whenever participants are present. Infection control procedures, as delineated in Center for Disease Control standards, shall be followed by all staff. All staff shall be trained in and use Universal Precautions.

There shall be sufficient maintenance and housekeeping personnel to assure that the facility is clean, sanitary, and safe at all times. Maintenance and housekeeping shall be carried out on a regular schedule and in conformity with generally accepted sanitation standards, without interfering with the program.

Although it is important to assure that insect infestation is controlled, staff must be aware of the respiratory problems of participants when insecticide is used. Its use shall be scheduled at a time when participants are not in the facility.

A sufficient budget shall be provided for equipment maintenance, repair, or replacement.

If smoking is permitted, an adequately ventilated special area away from the main program area shall be provided and supervised.

## **Part XI: Evaluation**

Evaluations provide information concerning the effectiveness in reaching established goals and objectives. Evaluation is a process whereby information is secured by the agency for the purpose of making appropriate program and/or structural changes. Evaluations include an analysis of data collected and a comparison of the planned expectations and actual achievements, based on prevailing community standards of care.

The evaluation process selected by the agency shall examine the Adult Day Health program on three levels: the participant/caregiver/staff level, the agency-program level, and the community level.

Each Adult Day Health program shall have a written plan for the evaluation of its operation and services. The program's goals and objectives shall be reviewed at least annually. The plan shall include the following:

1. the purpose and reason for the evaluation;
2. the timetable for initiating and completing the evaluation;



3. the parties to be involved;
4. the areas that will be addressed;
5. the methods to be used in conducting the evaluation;
6. how the information will be used once it is completed, and with whom the information will be shared.

Program evaluation shall focus on both quality assurance and operational components. These are the measurable indicators that shall be reviewed.

#### **A. Quality Improvement Measures**

There shall be a quality improvement component that routinely assesses and measures the impact of the program on the participants, caregivers, and the community to determine that the program is meeting their needs. This shall include:

1. participant and/or family satisfaction with service and evaluation as part of an exit survey;
2. data collected from the grievance procedure and incident reports;
3. ongoing care plan review and evaluation and random review of records.

A written report of quality improvement measures, plans of action and/or correction shall be made at regular intervals and shared with the governing body and/or advisory committee.

#### **B. Operational Component Measures**

**Fiscal** — The fiscal system and fiscal plan shall be evaluated in comparison to the standards in this document and to those of the governing body.

**Facility** — The facility shall be evaluated in comparison to the standards in this document and a plan developed to address needs regarding location and space, atmosphere and design, safety and sanitation, and comfort.

**Records and data** — Each organization shall establish a record-keeping system that meets the external state licensing/certification/funding requirements, ongoing internal management needs of the organization, meets internal program goals for client services, and supports service delivery. Each record-keeping system shall be evaluated according to the standards in this document and to those of the governing body.

**Services** — Services provided shall be evaluated in comparison to the standards in this document with particular emphasis on the level and intensity of services in relation to participant needs.

**Personnel** — Personnel policies and records shall be evaluated according to the standards in this document and to those of the governing body.

**Marketing objectives, and the tools and techniques used in marketing,** shall be evaluated as a component part of strategic planning. Marketing should be evaluated in relation to community image (including potential referral sources and consumer groups), and the census of the program (the number of people served and the target population).

**Administration** — The authority structure, including Board of Directors, administration, and federal/state/local government, shall be evaluated in terms of its relationship to the goals of the organization.

**Recommended Adult Day Health Staffing Pattern**  
**Level I — Core Services**  
**5 Days/Week**

<b>Position Title</b>	<b>Staffing Pattern</b>
Administrator/Program Director	Required
Registered Nurse	Consultation or on Staff
Practical Nurse	Optional
Social Worker	Consultation or on Staff
Assistant Social Worker	Optional
Activity Coordinator	Required
Nurse's Assistant/Certified Aide/Program Aide	Optional
Administrative Support	As Needed

The required staff/participant ratio is 1.6.

For programs with an average daily attendance of 20 participants or less, it is recommended that both the nurse and the social worker (if they are serving on a consultation basis) meet with staff for a minimum of three hours a month and be available for consultation for an additional ten hours a month, as needed.

For a program with an average daily attendance of more than 20 participants, it is recommended that both the nurse and the social worker (if they are serving on a consultation basis) meet with staff for a minimum of six hours a month and be available for an additional 15 hours a month, as needed.

## Recommended Adult Day Health Staffing Pattern Level II and III 5 Days/Week

Staffing patterns will vary from program to program, depending on a variety of factors including availability of staff, characteristics of clients served, etc. Programs in the start-up phase of development may choose to combine staff positions. Alternative ways to meet the intent of a standard are recognized as long as safe and quality care is provided.

The staff-participant ratio shall be a minimum of one to six (1:6). It is recommended that programs serving a high percentage of participants who are severely impaired have a staff-participant ratio of one to four (1:4).

		Average Daily Attendance (ADA)			
		0-20	20-29	30-39	40-49
<b>Position Title</b>					
Administrator/ Program Director	Required	20	40	40	40
Registered Nurse	Required	25	30	30-40	40-60
Practical Nurse	Based on Size			30	40
Social Worker	Required	20	40	40	40
Assistant Social Worker	Based on Size			30	40
Activity Coordinator	Required	30-40	40	40	40
Rehabilitation Therapists*	Required	5	5-20	10-30	10-40
Nurse's Assistant/ Cert. Aide/Program Aide	Optional	20	30-50	40-60	50-80
Administrative Support	As Needed		40	40-60	60-80

\*Certified Occupational Therapy Assistant (COTA) with OT supervision can substitute for full-time OT. PT Assistant with PT supervision can substitute for full-time PT.

Washington State Adult Day Health Standards  
Description of Services

Level I (Core Services Provided by All Centers)	
Service Plan	<div> <div>Complete intake screening</div> <div>Compile interdisciplinary team assessment</div> <div>Prepare written plan of care</div> </div> <div> <div>Coordinate care</div> <div>Complete progress notes</div> <div>Complete reassessment</div> <div>Prepare discharge plan</div> </div>
Personal Care	Provide assistance and supervision with feeding, toileting, and ambulation
Health Monitoring	<div>Consult with nurse or physician</div> <div>Collect baseline data</div> <div>Develop policies and procedures for personal care</div> <div>Provide liaison with physician and caregiver</div> <div>Assist coordination of other health services, if needed</div> <div>Train staff and supervise use of standard protocols for communicable diseases and infection control</div> <div>Maintain and update health records</div> <div>Follow through on pre-established bowel and bladder programs</div> <div>Provide reminders to take medications</div> <div>Provide modified diets</div>
Social Services	<div>Gather information on client status</div> <div>Coordinate/arrange for other community services, as needed</div> <div>Safeguard participants' rights</div> <div>Provide discharge planning and assist in transition and follow-up</div> <div>Provide information and referral for persons not appropriate for adult day health care</div>
Therapeutic Activities	<div>Prepare and post written activity plan</div> <div>Provide purposeful activities to meet participants' needs and interests</div>
Nutrition and Modified Diets	<div>Provide at least one meal per day meeting daily nutritional requirements</div> <div>Provide modified diets as needed</div> <div>Offer snacks and fluids, as appropriate to meet participants' needs</div>
Transportation	Provide or assist in arranging transportation
Emergency Care	<div>Prepare written agreement for participants' emergency care</div> <div>Develop written procedures for medical crises and emergency plan</div> <div>Maintain portable file on participants</div> <div>Develop written procedure for advance directives</div>

Level II Services	
Nursing Services	<ul style="list-style-type: none"> <li>Conduct nursing assessment</li> <li>Administer medications</li> <li>Supervise administration of oxygen</li> <li>Supervise provision of modified and therapeutic diets</li> <li>Provide monitoring and intervention for unstable medical conditions</li> <li>Provide training in self-administration of medications</li> <li>Supervise or provide maintenance therapy procedures</li> <li>Provide supportive nursing care</li> <li>Regularly inspect drug storage conditions</li> <li>Provide other direct nursing services requiring intermittent skilled nursing treatment</li> <li>Provide health education and counseling</li> </ul>
Psychosocial Services	<ul style="list-style-type: none"> <li>Assess for signs and refer as appropriate for:                             <ul style="list-style-type: none"> <li>mental illness</li> <li>dementia</li> <li>abuse and/or neglect</li> <li>alcohol/substance abuse</li> </ul> </li> <li>Provide brief, intermittent supportive counseling</li> </ul>
Rehabilitative Services	<ul style="list-style-type: none"> <li>Administer basic evaluation</li> <li>Teach adaptive techniques</li> <li>Teach and train other staff in appropriate activities</li> <li>Train participants in use of supportive/adaptive equipment and assistive devices</li> <li>Evaluate home for environmental barriers and make recommendations</li> <li>Establish maintenance programs to prevent deterioration</li> <li>Make necessary referrals to occupational and/or physical therapy</li> </ul>

Level III Services	
Intensive Nursing Services	<p>Observe and manage unstable medical conditions</p> <p>Provide intravenous, intramuscular, or subcutaneous injections</p> <p>Provide insertion, sterile irrigation, and replacement catheters</p> <p>Provide nasogastric tube, gastrostomy, and jejunostomy feedings</p> <p>Provide other skilled nursing services that may be safely done at the program site</p> <p>Provide nursing care management to support the provision of psychiatric treatment</p>
Psychosocial Services	<p>Provide individual and group psychotherapy</p> <p>Provide alcohol/substance abuse counseling in conjunction with other treatment</p>
Rehabilitative Services	<p>Evaluate home for environmental barriers and recommend needed changes</p> <p>Provide restorative therapy</p> <p>Evaluate for and provide needed slings or splints</p>

## **Special Requirements for Clients Supported by Title XIX funds**

There are specific requirements within the essential core services that must be imposed for clients being funded under Title XIX (Medicaid) in order for the program to receive reimbursement for those clients. Normally, those specific requirements exceed the program requirement already included in the Standards, and therefore exists the necessity to have this section to delineate those particular requirements. All levels of care must meet these requirements if they are to receive Title XIX funding.

**Current Medical Report** — For Title XIX clients, the Medical Report must have been completed and dated by the client's physician within the last three months.

**Additional Medical Information** — For Title XIX clients, the following additional information shall be obtained from the attending physician:

1. Frequency with which the applicant must be seen by the physician. A condition of Title XIX is that the applicant agrees to physician visits as ordered by the physician, and the program staff shall monitor that these visits are made according to schedule.
2. Orders for physical, speech, and hearing or other rehabilitative therapy, if required.
3. The physician's signature to indicate that the applicant has a medical need for Adult Day Health services and to order the development of a treatment plan and the provision of Adult Day Health services.

**Interdisciplinary Team** — The Interdisciplinary team in preparing their assessment shall include the attending physician of any participant funded by Title XIX.

**Treatment Plan Distribution** — The treatment plan for Title XIX participants shall be forwarded to the attending physician within one week of completion.

**Frequency of Reassessments** — Title XIX participants shall have their treatment plan reassessed every three months by the interdisciplinary team, which is to include the participant's attending physician.

**Service Documentation** — Progress notes on Title XIX participants shall be recorded no less frequently than weekly.

**Changes in the Treatment Plan** — Changes in the Title XIX participant's treatment plan should be filed in the case record and a copy forwarded to the participant's physician.

**Provision of Transportation Services** — Transportation to and from an Adult Day Health facility for a Title XIX eligible participant is not included in the unit rate for Adult Day Health programs. Transportation to and from the program can be obtained through the Title XIX transportation broker in the area served by the Program.

Attachment II

## **Adult Day Health Program Standards**

### **Vulnerability Criteria**

A person is considered vulnerable if he/she meets the following criteria:

1. Is unable to perform one or more of the activities of daily living listed below without assistance due to physical, cognitive, emotional, psychological, or social impairment.
  - ⇒ Ambulation
  - ⇒ Bathing
  - ⇒ Cooking
  - ⇒ Dressing or undressing
  - ⇒ Eating
  - ⇒ Housework
  - ⇒ Laundry
  - ⇒ Manage medical treatments (prescribed exercises, change of dressings, injections, etc.).
  - ⇒ Personal hygiene and grooming
  - ⇒ Shopping
  - ⇒ Telephoning
  - ⇒ Toileting
  - ⇒ Transfer (getting in and out of bed/wheelchair
  - ⇒ Transportation

**OR**

2. Has behavioral or mental health problems that could result in premature institutionalization, or is unable to perform the activities of daily living listed in #1, or is unable to provide for his/her own health and safety primarily due to cognitive, behavioral, psychological/emotional conditions which inhibit decision-making and threaten the ability to remain independent.

**AND**

3. Lacks an informal support system: has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.

### **SCSA Eligibility and Participation Requirements**

1. At least age 60, not employed more than 20 hours a week if age is under 65.
2. Income below 40 percent of the state median income for free services; sliding-fee scale applies if income is between 40 percent and 100 percent of state median income.
3. Liquid and convertible assets do not exceed amounts listed in WAC 388-17-160.

### **SGF Eligibility Requirements**

Age 60 or over.

Recipient of Supplemental Security Income (SSI) or State Supplementary Payments (Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled), or

Income below 40 percent of the State Median Income (SMI) for free services; sliding fee scale applies if income is between 40 percent and 100 percent of SMI.



**Title XIX Eligibility Requirements**

Age 18 or over.

Certified eligible for Title XIX by the department.

Service ordered by a physician.

**OAA Eligibility Requirements**

Age 60 or over.

**Contribution Policy**

Persons who receive service funded by Title III of the Older Americans Act must be given a free and voluntary opportunity to contribute to the cost of services provided. The same opportunity must be extended to persons who receive a SCSA-funded service which is not subject to a means test. The service provider must protect each person's privacy with respect to higher contribution, establish procedures to safeguard and account for all contributions made by users of the service and use all such contributions to expand the service which received the contribution.

The service provider may develop a suggested contribution schedule. If a schedule is developed, the provider must consider the income ranges of older persons in the community and the provider's other sources of income. No otherwise eligible person may be denied service because he/she cannot contribute to the cost of the service.

Attachment III

**Adult Day Health Program  
Suggested Evaluation Techniques**

The evaluation techniques which follow are admittedly subjective, but they can be used to obtain some indication of whether a Day Health program delivers effective services which help participants maintain or improve their level of functioning. They can also be used to identify a particular program's strengths and weaknesses and provide some guidance for program improvement.

Ask a reasonable sample of participants why they come to the day center, whether or not they feel the program has helped them, which services they think are most helpful, and what they like and dislike about the center.

Ask a reasonable sample of participant's families and/or other persons close to participants if they feel the participant has been helped by the program, what changes they see in the participant since he or she started coming to the center, which services have been most beneficial, and if they have any suggestions for improving the program.

Ask a reasonable sample of staff from major referring agencies whether they think the Day Health program is effective, which types of clients seem to be helped most, which services are most valuable, what changes they have seen in people they have referred to the center, and if they have any suggestions for improving the program.

Review a reasonable sample of participant records and compare the intake summary describing the problems the participant had when he or she started coming to the center with the quarterly reviews of participant progress toward meeting the goals of the treatment plan.

Meet with members of the program's Governing Board or Advisory Committee and ask for their impressions of the program. Do they understand the goals of Day Health, and are they knowledgeable about the services provided? How many have visited the program in person? Do they have a viable working relationship with the program director? Does the program make appropriate use of the Board or Advisory Committee?

Notice whether the general atmosphere in the center feels warm and friendly. Is there a healthy interaction between staff and participants and among participants? Do participants seem interested and involved in what they are doing? Are participants treated as individuals able to make their own decisions, or is dependency encouraged? Do staff appear to respect one another's viewpoint and work together as a team?

Observe the program and activities offered participants. Do participants have the opportunity to choose among various groups and activities, or are they all expected to do the same thing at the same time? Do the kinds of activities and groups that participants engage in appear appropriate in light of their disabilities and treatment plans?